

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035969

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4859

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF  
Wallace H. Graham  
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>6311 Woodland Ave.</b>		d. STREET ADDRESS (If outside, give location) <b>6311 Woodland Ave.</b>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>John Denzel Archer, Sr.</b>		4. DATE OF DEATH Month <b>September</b> Day <b>1</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1/20/1911</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Landscaping</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Archer's Nursery</b>	11. BIRTHPLACE (City and state or country) <b>Russell, Kansas</b>
13a. FATHER'S NAME <b>Joseph D. Archer</b>		13b. MOTHER'S MAIDEN NAME <b>Zetta Bell Julian</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>728 E. 72nd Terr.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>		17. INFORMANT <b>Mrs. Thelma O'Meara, K. C., Mo.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
DUE TO (b) <b>Nephritis - Renal Shut Down</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3-6 mos.</b>	
DUE TO (c)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>5:00</b> a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Kansas City, Missouri</b>
21. I attended the deceased from <b>August 1953</b> to <b>Sept. 1, 1963</b> and last saw her alive on <b>Aug. 28, 1963</b>		22a. SIGNATURE <b>Wallace H. Graham M.D.</b> (Degree title)	
22b. ADDRESS <b>578 Argyle Bldg. K.C., Mo.</b>		22c. DATE SIGNED <b>2 Sept 63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9/5/1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	
24. FUNERAL DIRECTOR <b>D. W. Newcomer's Sons</b>		25. DATE RECD. BY LOCAL REG. <b>9-4-63</b>	
26. REGISTRAR'S SIGNATURE <b>Bessie Smith</b>		27. ADDRESS <b>K. C., Mo.</b>	

(Licensed Embelmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Rollie Kessel*

Licensed Embalmer No. 4690

P. O. Address Indep mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.